

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584928

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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45						
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47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			/			
102				/		
103						
104			/	/		
105			/			
106			/			
107			/			
108			/	/		
109			/			
110			/			
111			/			
112			/			
113			/	/		
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115			/			
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119			/			
120			/	/		
121			/			
122			/	/		
123			/			
124			/	/		
125			/			
126			/	/		
127			/			
128			/	/		
129			/			
130			/	/		
131			/			
132			/	/		
133			/			
134			/	/		
135			/			
136			/	/		
137			/			
138			/	/		
139			/			
140			/	/		
141			/			
142			/	/		
143			/			
144			/	/		
145			/			
146			/	/		
147			/			
148			/	/		
149			/			
150			/	/		
TOTAL IND.		↓	19	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			47			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						